

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
107534056

FILING DATE

APPLICANT/IR

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2			/				52						
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49							99						
50							100						
TOTAL REQ.	/		↓		↓								
TOTAL DEP.	4		←		←		↓		↓		↓		
TOTAL CLAIMS	5						←		←		←		